RESURGAM, CITY OF PORTLAND, MAINE

Reviewed for Code Compliance
Inspections Division
Approved with Conditions

Date: 07/26/13

Massachusetts - Department of Public Safety
Board of Building Regulations and Standards

Construction Supervisor

License: CS-094261

CHARLES B ANTI
100 BARNFIELD DRIVE
PLYMOUTH MA 02360

Commissioner

Expiration
10/29/2013

ACORD

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERT
CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORI
BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INS
REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATIOI
the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does
certificate holder in lieu of such endorsement(s).

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PRODUCER
O'Grady Insurance Agency
117 Court Street
Plymouth, MA 02360

CONTACT NAME:
PHONE (A/C, No, Ext):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

INSURER A: ESSEX INSURANCE CO
INSURER B: QUINCY MUTUAL
INSURER C: TORUS SPECIALTY INS. CO
INSURER D: LIBERTY MUTUAL FIRE INS CO
INSURER E:
INSURER F:

INSURED
NETCOM WIRELESS FACILITIES 2, INC.
10 AERO PARK DR, UNIT 3
PLYMOUTH, MA 02360

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	Y	Y	3DG5178	11/9/11	11/9/12	EACH OCCURRENCE	$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$ 1,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						PRODUCTS - COMP/OP AGG	$ 1,000,000
	X POLICY PRO-JECT LOC							$
B	AUTOMOBILE LIABILITY	Y	Y	AFV205857	2/22/12	2/22/13	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / X SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
C	X UMBRELLA LIAB / X OCCUR	Y	Y	85215C120AL1	2/9/12	2/9/13	EACH OCCURRENCE	$ 4,000,000
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$ 4,000,000
	DED RETENTION $							$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC5-31S-375622-022	2/18/12	2/18/13	WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N	N/A					E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

COSTROTTA CONSTRUCTION MANAGEMENT INC AND ALL OTHER PARTIES ARE REQUIRED BY CONTRACT ARE INCLUDED AS ADDITIONAL INSUREDS ON PRIMARY AND NONCONTRIBUTORY BASIS FOR ALL GENERAL LIABILITY AND AUTO LIABILITY. EXCESS LIABILITY FOLLOWS FORM OVER GENERAL LIABILITY, AUTO LIABILITY, AND EMPLOYER LIABILITY. A WAIVER OF SUBROGATION APPLIES TO ALL POLICIES IN FAVOR OF THE ADDITIONAL INSURED

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

PATRICK O'GRADY

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Phone: Fax: E-Mail: